

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | sm | | 8/9/00 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | C.T.C. | IC 530 | 9-13-00 |
| RESPONSE FORMALITY REVIEW | AC | 71470 | 2/17/01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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1-875 U.S. PTO 9/14/02 109/62808